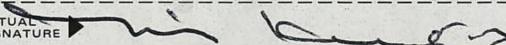


## COMMONWEALTH OF VIRGINIA—CERTIFICATE OF DEATH

## DEPARTMENT OF HEALTH—BUREAU OF VITAL RECORDS AND HEALTH STATISTICS—RICHMOND

COPY A FOR BUREAU OF VITAL STATISTICS		REGISTRATION AREA NUMBER <i>106</i>	CERTIFICATE NUMBER <i>490</i>	STATE FILE NUMBER <i>78 020075</i>	
<b>DECEDENT</b> <i>1</i>	1. FULL NAME OF DECEASED <b>EDWARD (NMI) HUNTER</b>			2. SEX <input checked="" type="checkbox"/> male <input type="checkbox"/> female 3. RACE <b>White</b>	
	4. DATE OF DEATH <i>June 24, 1978</i>	(mo.) (day) (year)	5. AGE <i>75</i> years	IF UNDER 1 YEAR months days hours minutes	6. DATE OF BIRTH <i>July 2, 1902</i>
<b>PLACE OF DEATH</b> <i>91</i>	8. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) <b>None</b>			DOA <input type="checkbox"/> Output/ Emr. Rm. <input type="checkbox"/> Inpatient <input type="checkbox"/>	9. COUNTY OF DEATH <b>Arlington</b> (if independent city, leave blank)
	10. CITY OR TOWN OF DEATH <b>Inside city or town limits?</b> yes <input type="checkbox"/> no <input checked="" type="checkbox"/>			11. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH <b>4114 N. 4th Street</b>	
<b>USUAL RESIDENCE OF DECEDENT</b> <i>106</i>	12. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE <b>Virginia</b>			13. COUNTY OF DECEASED'S RESIDENCE (if independent city, leave blank) <b>Arlington</b>	
	14. CITY OR TOWN OF RESIDENCE <b>Inside city or town limits?</b> yes <input type="checkbox"/> no <input checked="" type="checkbox"/>			15. STREET ADDRESS OR RT. NO. OF RESIDENCE <b>4114 N. 4th Street</b> ZIP CODE <b>22203</b>	
<b>PERSONAL DATA OF DECEDENT</b> <i>533 4</i>	16. NAME OF FATHER OF DECEASED <b>Edward Hunter</b>			17. MAIDEN NAME OF MOTHER OF DECEASED <b>Rose Weiss</b>	
	18. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	19. BIRTHPLACE (state or country) <b>New York</b>	20. NEVER MARRIED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/>	21. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank)	
	23. USUAL OR LAST OCCUPATION <b>Journalist</b>	24. KIND OF BUSINESS OR INDUSTRY <b>Free Lance</b>	25. INFORMANT - OR SOURCE OF INFORMATION <b>Robert Hunter, Son</b>		
<b>TO PHYSICIAN:</b>  Complete and sign medical certification (item 26) and return both copies to funeral director as soon as possible after determination of cause.  NOTE: If "Pending" must be indicated, so state in part I and notify registrar of final decision as soon as possible.	26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C). PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (A) <b>CARDIAC ARREST</b>			INTERVAL BETWEEN ONSET AND DEATH	
	DUE TO (B) <b>INHABITABLE DUE TO MYOCARDIAL INFARCTION</b>				
	DUE TO (C) <b>ANTEMORTAL CARDIOPATHIC THROMBO</b>				
<b>MEDICAL CERTIFICATION</b>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A) <b>ARTHRITIS MILD &amp; ENTHYPERA - DIABETES MELLITUS - RHEUMATOID</b>			26a. AUTOPSY? AUTHORIZED BY: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <b>XX</b>	
	26b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>	26c. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH NOTE: IF EXTERNAL CAUSE, NOTIFY MED. EXAMINER	26d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED		
	26e. TIME OF INJURY (mo.) (day) (year) A.M. _____ P.M. _____	26f. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input type="checkbox"/>	26g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)	26h. (city or town) (county) (state)	
26i. To the best of my knowledge, death occurred at <b>12:53 PM</b> (p.m.) on the date and place and from the cause(s) stated. ACTUAL SIGNATURE 					
DATE SIGNED: <b>6/26/78</b>					
NAME OF ATTENDING PHYSICIAN (Type or Print) <b>Dr. Nikos Kakaviatos</b>					
<b>FUNERAL DIRECTOR</b>	27. BURIAL REMOVAL CREMATION <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> XX		28. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) <b>Cedar Hill Crematory, Suitland, Maryland</b>		(city or county) (state)
	29. (Signature of funeral director or person legally filing this certificate) <b>John C. Van Hoosen</b>		NAME OF FUNERAL HOME AND ADDRESS: <b>Joseph Gawler's Sons, Inc.</b> <b>5130 Wisconsin Ave, NW, Wash., D.C.</b>		
<b>REGISTRAR</b> <i>020</i>	30. (signature of registrar) <b>Hannah Whelton</b>		DATE RECORD FILED: <b>6/26/78</b>		